## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021261 US

| As a below named inventor, I hereby declare that:   |                    |                                    |   |  |
|---|--------------------|------------------------------------|---|--|
| My residence, post office address and citizenship are as stated next to my name.  |                    |                                    |   |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Activity monitoring" the specification of which (check only one item below):  |                    |                                    |   |  |
| is attached hereto.   |                    |                                    |   |  |
| was filed as United States a  | pplication         |                                    |   |  |
| Serial No   |                    |                                    |   |  |
| on  |                    |                                    |   |  |
| and was amended   |                    |                                    |   |  |
| on  |                    |                                    |   |  |
| x was filed as PCT internation  | al application     |                                    |   |  |
| Number <u>PCT/IB2003/05323</u>  |                    |                                    |   |  |
| on <u>21 November 2003</u>  |                    |                                    |   |  |
|   |                    |                                    |   |  |
| and was amended under PCT Article 19  |                    |                                    |   |  |
| on (if applicable).   |                    |                                    |   |  |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.   |                    |                                    |   |  |
| I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).  |                    |                                    |   |  |
| I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: |                    |                                    |   |  |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:   |                    |                                    |   |  |
| COUNTRY   | APPLICATION NUMBER | DATE OF FILING<br>DAY, MONTH, YEAR | PRIORITY<br>CLAIMED UNDER<br>35 USC 119 |  |
| Europe  | 02080216.1         | 10 December 2002                   | YES                                     |  |
|   |                    |                                    |   |  |
|   |                    |                                    |   |  |
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|---|--------------------------|-------------------------|---------------------|----------------------------------|--------------------------|---|--|
|   |                          |                         |                     |                                  |                          |   |  |
| Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)  Attorneys Docket Number PHNL021261 US   |                          |                         |                     |                                  |                          |   |  |
|   |                          |                         |                     | the following attorney(s) and/o  | or agent(s) to pros      | secute this application and transact    |  |
| all bus   | iness in the Patent a    | and Trademark Office co | nnected therewith   | n. (List name and registration n | umber) ်                 |   |  |
| Jack  | E. Haken, Reg.           | No. 26,902              |                     |                                  | Direct Telephor          |   |  |
|   | el E. Marion, R          |                         |                     |                                  | (name and telep          |   |  |
| Edward M. Blocker, Reg. No. 30,245  |                          |                         |                     | 22                               |                          |   |  |
|   |                          |                         |                     |                                  |                          |   |  |
|   | FULL NAME OF             | FAMILY NAME             |                     | FIRST GIVEN NAME                 |                          | SECOND GIVEN NAME                       |  |
|   | INVENTOR                 | BREMER                  |                     | Joannes                          |                          | Gregorius                               |  |
| 201   | RESIDENCE &              | CITY                    |                     | STATE OR FOREIGN COUNTRY         |                          | COUNTRY OF CITIZENSHIP                  |  |
|   | CITIZENSHIP              | Eindhoven               |                     | The Netherlands                  |                          | The Netherlands                         |  |
|   | POST OFFICE              | POST OFFICE ADDRE       |                     | CITY                             | i i                      | STATE & ZIP CODE/COUNTRY                |  |
|   | ADDRESS                  | Prof. Holstlaan 6       |                     | 5656 AA Eindhoven                |                          | The Netherlands                         |  |
|   | FULL NAME OF             | FAMILY NAME             |                     | FIRST GIVEN NAME                 |                          | SECOND GIVEN NAME                       |  |
|   | INVENTOR                 | DUNIAS                  |                     | Paraskevas                       |                          |   |  |
| 202   | RESIDENCE &              | CITY                    |                     | STATE OR FOREIGN COU             | NTRY                     | COUNTRY OF CITIZENSHIP The Netherlands  |  |
| 202   | CITIZENSHIP              | Eindhoven               |                     | The Netherlands                  |                          |   |  |
|   | POST OFFICE              | POST OFFICE ADDRI       | ESS                 | CITY                             |                          | STATE & ZIP CODE/COUNTRY                |  |
|   | ADDRESS                  | Prof. Holstlaan 6       |                     | 5656 AA Eindhove                 | en                       | The Netherlands                         |  |
|   | FULL NAME OF FAMILY NAME |                         | FIRST GIVEN NAME    |                                  |                          | SECOND GIVEN NAME                       |  |
|   |                          | MIMNAGH-KE              |                     |                                  |                          | Antoinette                              |  |
| 203   | RESIDENCE & CITY         |                         |                     |                                  |                          | COUNTRY OF CITIZENSHIP                  |  |
|   | CITIZENSHIP              | Eindhoven               |                     |                                  |                          | Ireland                                 |  |
| POST OFFICE POST OFFICE ADDRESS   |                          |                         | CITY                |                                  | STATE & ZIP CODE/COUNTRY |   |  |
|   | ADDRESS                  | Prof. Holstlaan 6       |                     | 5656 AA Eindhoven                |                          | The Netherlands                         |  |
|   | FULL NAME OF INVENTOR    | FAMILY NAME             |                     | FIRST GIVEN NAME  Adrianus       |                          | SECOND GIVEN NAME  Petrus Johanna Maria |  |
|   | RESIDENCE &              | CITY                    |                     | STATE OR FOREIGN COUNTRY         |                          | COUNTRY OF CITIZENSHIP                  |  |
| 204   | CITIZENSHIP              | Eindhoven               |                     | The Netherlands                  |                          | The Netherlands                         |  |
|   | POST OFFICE              | POST OFFICE ADDRI       | =00                 |                                  |                          | STATE & ZIP CODE/COUNTRY                |  |
|   | ADDRESS                  | Prof. Holstlaai         |                     | 5656 AA Eindhoven                |                          | The Netherlands                         |  |
|   | FULL NAME OF             | FAMILY NAME             |                     | FIRST GIVEN NAME                 |                          | SECOND GIVEN NAME                       |  |
|   | INVENTOR                 |                         |                     | Wilhelmus                        |                          | Lambertus Marinus                       |  |
|   |                          |                         |                     |                                  |                          | Cornelius                               |  |
| 205   | RESIDENCE &              | CITY                    |                     | STATE OR FOREIGN COUNTRY         |                          | COUNTRY OF CITIZENSHIP                  |  |
| 203   | CITIZENSHIP Eindhoven    |                         |                     | The Netherlands                  |                          | The Netherlands                         |  |
|   | POST OFFICE              | POST OFFICE ADDRESS     |                     | CITY                             |                          | STATE & ZIP CODE/COUNTRY                |  |
| ADDRESS   |                          | Prof. Holstlaan 6       |                     | 5656 AA Eindhoven                |                          | The Netherlands                         |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. |                          |                         |                     |                                  |                          |   |  |
| SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 203   |                          |                         | IRE OF INVENTOR 203 |                                  |                          |   |  |
| SIGNA   | TOKE OF INVENTO          | UR 201                  | SIGNATURE UI        | F HIVEINTOR 202                  | SIGNATO                  | NATURE OF INVENTOR 203                  |  |
|   | $\angle = $              |                         |                     |                                  |                          |   |  |
|   |                          |                         |                     |                                  |                          | ·                                       |  |
| DATE  | 0.11.000/                |                         | DATE                | DATE                             |                          | E                                       |  |
|   | 8 July 2004              |                         |                     |                                  |                          |   |  |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

SIGNATURE OF INVENTOR 205

DATE

SIGNATURE OF INVENTOR 204

DATE

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021261 US

| As a below named inventor, I h  | ereby declare that: |                                    |   |  |
|---|---------------------|------------------------------------|---|--|
| My residence, post office address and citizenship are as stated next to my name.  |                     |                                    |   |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Activity monitoring" the specification of which (check only one item below):  |                     |                                    |   |  |
| is attached hereto.   |                     |                                    |   |  |
| ☐ was filed as United States a  | pplication          |                                    |   |  |
| Serial No   |                     |                                    |   |  |
| on -  |                     |                                    |   |  |
| and was amended   |                     |                                    |   |  |
| on  | <del></del>         |                                    |   |  |
| 🗓 was filed as PCT internation  | aal application     |                                    |   |  |
| TOTAL/TROOSS /SSESSO  |                     |                                    |   |  |
| Number <u>PGI/1B203/005323</u><br>21 November 2003  |                     |                                    |   |  |
| on  |                     |                                    |   |  |
| and was amended under PCT Article 19  |                     |                                    |   |  |
| on (if applicable).   |                     |                                    |   |  |
|   |                     |                                    |   |  |
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| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:   |                     |                                    |   |  |
| COUNTRY   | APPLICATION NUMBER  | DATE OF FILING<br>DAY, MONTH, YEAR | PRIORITY<br>CLAIMED UNDER<br>35 USC 119 |  |
| Europe  | 02080216.1          | 10 December 2002                   | YES                                     |  |
|   |                     |                                    |   |  |
|   |                     |                                    |   |  |
|   |                     | DEPARTMENT OF COMMERCE Poten       | A and Trademodes Office                 |  |

Combined Declaration For Patent Application and Power of Attorney (Continued)

(includes Reference to PCT International Applications)

Attorneys Docket Number
PHNL021261 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

|     | FULL NAME OF<br>INVENTOR   | FAMILY NAME<br>BREMER                  | Joannes                                   | Gregorius                                       |
|-----|----------------------------|--|---|---|
| 201 | RESIDENCE & CITIZENSHIP    | CITY<br>Eindhoven                      | STATE OR FOREIGN COUNTRY  The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands          |
|     | POST OFFICE<br>ADDRESS     | POST OFFICE ADDRESS Prof. Holstlaan 6  | 5656 AA Eindhoven                         | The Netherlands                                 |
|     | FULL NAME OF INVENTOR      | FAMILY NAME DUNIAS                     | FIRST GIVEN NAME Paraskevas               | SECOND GIVEN NAME                               |
| 202 | RESIDENCE & CITIZENSHIP    | CITY<br>Eindhoven                      | STATE OR FOREIGN COUNTRY  The Netherlands | COUNTRY OF CITIZENSHIP The Netherlands          |
|     | POST OFFICE<br>ADDRESS     | POST OFFICE ADDRESS Prof. Holstlaan 6  | 5656 AA Eindhoven                         | STATE & ZIP CODE/COUNTRY The Netherlands        |
|     | FULL NAME OF<br>INVENTOR   | MIMNAGH-KELLEHER                       | FIRST GIVEN NAME  Gillian                 | SECOND GIVEN NAME Antoinette                    |
| 203 | RESIDENCE & CITIZENSHIP    | CITY<br>Eindhoven                      | STATE OR FOREIGN COUNTRY  The Netherlands | COUNTRY OF CITIZENSHIP Ireland                  |
|     | POST OFFICE<br>ADDRESS     | POST OFFICE ADDRESS  Prof. Hoistlaan 6 | 5656 AA Eindhoven                         | The Netherlands                                 |
|     | FULL NAME OF INVENTOR      | FAMILY NAME<br>ROMMERS                 | FIRST GIVEN NAME  Adrianus                | SECOND GIVEN NAME Petrus Johanna Maria          |
| 204 | RESIDENCE &<br>CITIZENSHIP | CITY<br>Eindhoven                      | STATE OR FOREIGN COUNTRY The Netherlands  | The Netherlands                                 |
|     | POST OFFICE<br>ADDRESS     | POST OFFICE ADDRESS Prof. Holstlaan 6  | 5656 AA Eindhoven                         | STATE & ZIP CODE/COUNTRY The Netherlands        |
|     | FULL NAME OF<br>INVENTOR   | VERHOEVEN                              | FIRST GIVEN NAME Wilhelmus                | SECOND GIVEN NAME  Lambertus Marinus  Cornelius |
| 205 | RESIDENCE & CITIZENSHIP    | CITY<br>Eindhoven                      | STATE OR FOREIGN COUNTRY The Netherlands  | COUNTRY OF CITIZENSHIP The Netherlands          |
|     | POST OFFICE<br>ADDRESS     | POST OFFICE ADDRESS Prof. Holstlaan 6  | 5656 AA Eindhoven                         | STATE & ZIP CODE/COUNTRY  The Netherlands       |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
|---------------------------|---------------------------|---------------------------|
| GIGNATORE OF INVENTOR 201 | A 11.                     | HAL WA                    |
| DATE                      | DATE 9:July 2004          | DATE 9 July 2004          |
| SIGNATURE OF INVENTOR-204 | SIGNATURE OF INVENTOR 205 |                           |
| 00                        | WILL                      |                           |
| 9 July 2004               | DATE<br>9 July 2004       |                           |

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |  |  |                                    |   |                                      |
|--|--|--|------------------------------------|---|--------------------------------------|
| I hereby appoint:  |  |  |                                    |   |                                      |
| X Practitioners asso   | ociated with the Customer Number:  | 247  | 37                                 |   |                                      |
| OR   |  |  |                                    |   |                                      |
| Practitioner(s) nar  | med below (if more than ten patent   | practitioners are to be                            | named, then a cu                   | stomer number must                          | be used);                            |
|  | Name   | Registration                                       |                                    | Name  | Registration                         |
|  |  | Number   |                                    |   | Number                               |
|  |  |  |                                    |   |                                      |
|  |  |  |                                    |   |                                      |
|  |  |  |                                    |   |                                      |
|  |  |  |                                    |   |                                      |
| any and all patent applic  | <ul> <li>to represent the undersigned before<br/>ations assigned only to the undersing<br/>ocordance with 37 CFR 3.73(b).</li> </ul> | ore the United States P<br>gned according to the I | atent and Tradem<br>USPTO assignme | ark Office (USPTO)<br>nt records or assignr | in connection with<br>nent documents |
| Please change the corre  | spondence address for the applica  | tion identified in the atta                        | ached statement u                  | ınder 37 CFR 3.73(b                         | ) to:                                |
| The address associated with Customer Number: 24737   |  |  |                                    |   |                                      |
| Firm or  |  |  |                                    |   |                                      |
| Address Address  |  | · · · · · · · · · · · · · · · · · · ·              |                                    | · · · · · · · · · · · · · · · · · · ·       |                                      |
| City   | Chata  |  |                                    |   |                                      |
| Country  | State Zip  |  |                                    |   |                                      |
|  |  |  |                                    |   |                                      |
| Telephone Fax  |  |  |                                    |   |                                      |
| Assignee Name and Address:   |  |  |                                    |   |                                      |
| KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg l 5621 BA Eindhoven, The Netherlands  |  |  |                                    |   |                                      |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  |  |  |                                    |   |                                      |
| SIGNATURE of Assignee of Record  The individual whose signer are and title is supplied below is authorized to act on behalf of the assignee  |  |  |                                    |   |                                      |
| Signature  | Made. M.   | un   |                                    | Date 14 Jan                                 | uary 2005                            |
| Name Michae  |  |  |                                    | Telephone (914                              | 333-9637                             |
| Title Authorized Representative  This collection of information is required by 37 CFR 131 132 and 133. The information is |  |  |                                    |   |                                      |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/537888 CO9 Rec'd PCT/PTO 7 JUN 2005

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| STATE  | EMENT UNDER 37 CFR 3.73(b)  |
|--|---|
| Applicant/Patent Owner: Koninklijke Philips Electron   | sics N.V.   |
| Application No./Patent No.: Concurrently   | Filed/Issue Date: Concurrently  |
| Entitled: ACTIVITY MONITORING  |   |
| Koninklijke Philips Electronics N.V. (Name of Assignee)  | , a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)  |
| states that it is:  1.   the assignee of the entire right, title, and in   | terest; or  |
| 2.   an assignee of less than the entire right, titl The extent (by percentage) of its ownership in the patent application/patent identified above b | o interest is ———— %  |
| A. [ ] An assignment from the inventor(s) of the in the United States Patent and Trademark attached.   | patent application/patent identified above. The assignment was recorded Office at Reel, Frame, or for which a copy thereof is                         |
| OR   |   |
| B. [ ] A chain of title from the inventor(s), of the p below:  | atent application/patent identified above, to the current assignee as shown   |
| The document was recorded in the Reel, Frame   | United States Patent and Trademark Office at, or for which a copy thereof is attached.  |
| 2. From:   | To: United States Patent and Trademark Office at  |
| Reel, Frame  | United States Patent and Trademark Office at, or for which a copy thereof is attached.  |
|  | To:   |
|  | f title are listed on a supplemental sheet.   |
| [ ] Copies of assignments or other documents in [NOTE: A separate copy (i.e., the original ass   | the chain of title are attached. signment document or a true copy of the original document) accordance with 37 CFR Part 3, if the assignment is to be |
| The undersigned (whose title is supplied below) is   | s authorized to act on behalf of the assignee.  Frank Keegan, Reg. 50,145   |
| Date   | Typed or printed name   |
| (914) 333-9669   | Mark Risigan  |
| Telephone number   | Signature   |
|  | Corporate Counsel Title   |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.